

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049385

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318
FILED JAN 6 1964

Primary Registration District No.

1003

Registrar's No.

12736

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
43 yrs

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Homer G. Phillips

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 3939 Finney Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
Cornelia

Middle

Last
Duke

4. DATE
OF
DEATH

Month
12

Day
18

Year
63

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

6-2-1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months 6 Days 16

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laundry work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Ruston, Louisiana

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

William Lewis

13b. MOTHER'S MAIDEN NAME

Melvina. Saly

14. NAME OF HUSBAND OR WIFE

Galvin Duke

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

9-3

17. INFORMANT

Geneva L. Thompson 3939 E. Finney Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Arrest

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

DUE TO (b)

Cerebral Thrombosis

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-12-63

to 12-18-63

and last saw him alive on

12-18-63

Death occurred at

4:00 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature or Title)

22b. ADDRESS

2601 N. Whittier St.

22c. DATE SIGNED

12-20-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

12-24-63

23c. NAME OF CEMETERY OR CREMATORY

Oakdale

23d. LOCATION (City, town, or county)

St. Louis

Co

Mo

24. FUNERAL DIRECTOR

ADDRESS

JAS H. RANDLE & SON 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.

DEC 23 1963

26. REGISTRAR'S SIGNATURE

Gene L. Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2 21/19
3
4 3
5 1
6
7 1
8 2
9
10
11
12 77-0
13

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Esther H. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.